



Psychology Internship Training Brochure

2023-2024 Training Year

VA Eastern Colorado Health Care System
Rocky Mountain Regional VA Medical Center

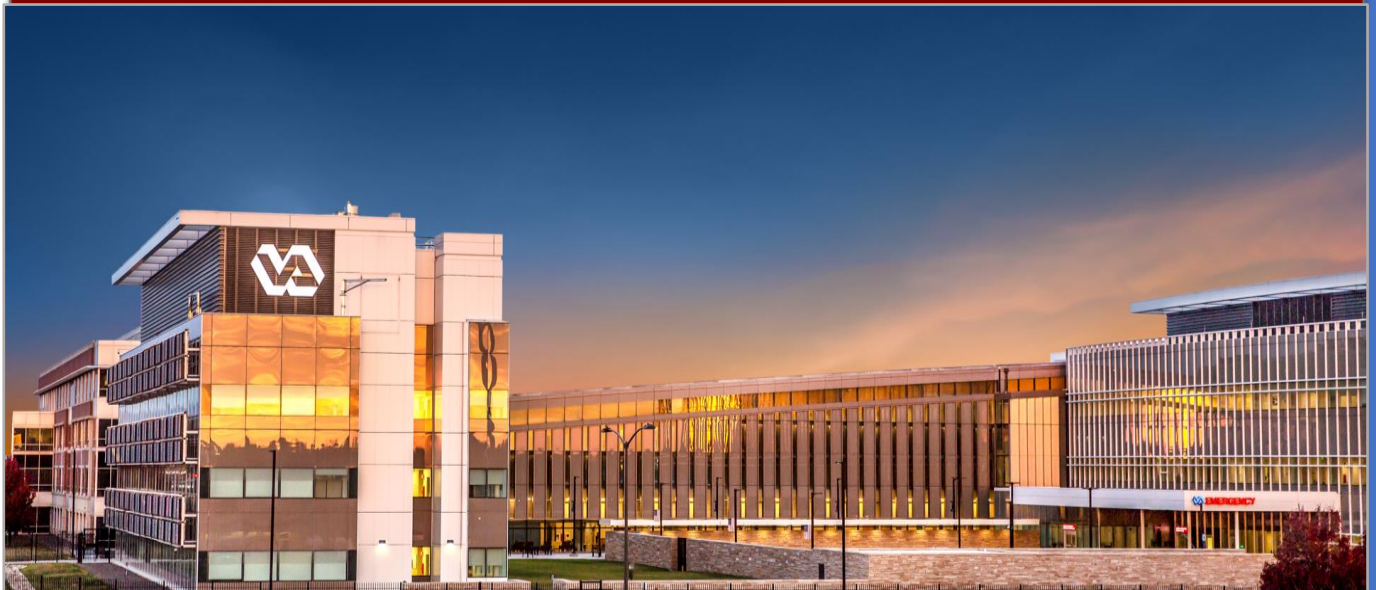


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Program Information

Contact Information:

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Internship Program Website: <https://www.va.gov/eastern-colorado-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

APPIC Directory Program listing: <https://membership.appic.org/directory/display/638>

APPIC Match Numbers:

<u>Track</u>	<u>Match Number</u>	<u>Total Positions</u>
General Track	117411	4
Primary Care-Mental Health Integration Track	117412	1
Geropsychology/GRECC Track	117413	1

<u>Anticipated Interview Dates</u>
Thursday , January 05, 2023 Tuesday, January 10, 2023 Wednesday, January 18, 2023

INTERNSHIP START DATE: The Rocky Mountain Regional VA Medical Center psychology internship starts the first week of the first federal pay period in July. During internship training years in which the Monday of the first federal pay period occurs on an observed holiday (Independence Day), the start date will be the Tuesday of the first federal pay period in July. For the coming internship year, the start date is **Monday, July 3, 2023.**

Application Deadline: 11/01/2022 11:59 PM EST

ACCREDITATION STATUS:

The psychology internship at the **Rocky Mountain Regional VA Medical Center** (VA Eastern Colorado Health Care System) is fully accredited by the American Psychological Association Commission on Accreditation. The most recent site visit was completed in 2019 and resulted in the RMR VAMC psychology internship program be accredited for the maximum amount of 10 years (next site visit is set for 2029). For additional information regarding APA accreditation of this internship, please write or call:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE

Washington, DC 20002-4242

(202) 336-5979

APAACCRED@APA.COM

<http://www.apa.org/education/grad/program-accreditation.aspx>

PROGRAM DESCRIPTION:

Located in Aurora, Colorado, the Rocky Mountain Regional VA Medical Center psychology internship is a full-time (40 hours per week), APA accredited, comprehensive doctoral-level psychology internship that lasts 52-weeks in duration. The internship is open to applications from clinical, counseling, or combined clinical-counseling doctoral students of APA, CPA, or PCAS accredited programs. The program serves to complement academic graduate training by providing doctoral interns with real-world knowledge and skills involved in practicing as a clinical psychologist in a complex medical setting.

The RMR VAMC psychology internship actively seeks to foster development of interns in multiple domains, including professional identity, intervention and assessment skills, research and integration of evidence-based clinical decision-making, awareness of multiculturalism, and social and ethical responsibilities integral for full and effective professional practice. We actively seek to promote awareness of and sensitivity to individual and cultural diversity across multiple settings during the training year through supervision, seminars, group discussion and workshops.

RMR VAMC is staffed by over 60 doctoral level, licensed psychologists who work in the Mental Health Service or the Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention. A large portion of these psychologists support the internship through direct supervision, education and didactics, and mentoring of interns. The RMR VAMC serves a multi-racial and diverse Veteran population that presents with a wide variety of psychiatric, medical, and sociocultural needs. Psychology faculty represent a variety of theoretical perspectives including, Behavioral, 2nd wave CBT, 3rd wave CBT and mindfulness-based approaches, Existential-Humanistic, Psychodynamic, and Systems-focused approaches. In addition to internship training, ECHCS also offers training for practicum and post-doctoral psychology trainees.

Training Model and Philosophy

The Rocky Mountain Regional VA Medical Center psychology internship adheres to a Scientist-Practitioner training model. Within this model, interns are expected to integrate and utilize science to inform direct clinical practice, as well as other domains of professional work. Interns interested in greater exposure to clinical research may have the opportunity to collaborate in ongoing research projects when common research interests and project timelines allow. Psychology training at the RMR VAMC is a sequential and cumulative process that is graded in complexity. Our developmental training model emphasizes the progression from graduate student to a professional ready for entry-level independent practice in psychology. More specifically, we view the internship year as a period of professional transition from the more narrowly defined roles and perspectives of the graduate student towards the more broadly defined roles and perspectives of a professional psychologist. During this year, we anticipate interns to experience an expansion and refining in their skill sets, perspectives, and professional identity.

The primary focus of the internship year is graduated experiential learning. Competencies in professional practice are developed through clinical practice, research, didactic training, supervision and mentorship. Although interns are expected to be actively engaged in clinical work throughout the internship year, delivery of patient care is secondary to the educational mission of our training program, thus allowing training needs to take precedence over caseload sizes. It is our expectation that students who successfully complete the internship at the RMR VAMC will be able to think critically about clinical cases and make sound decisions rooted in current scholarly work. We strive to equip all internship graduates with the core competencies that will allow them to serve consumers from a wide-range of background and know how to access resources to expand their knowledge base as needed.

Furthermore, our internship seeks to foster these changes in intern professional identity and skills in an organized and systematic way. Students arrive for internship at different places in their professional development. Initial discussions with the Training Director about internship goals and objectives allow for the intern to clarify and individually tailor which areas of professional functioning will be a focus for the greatest growth, and which areas will require less intensive emphasis. Interns play an important role in selecting their own training opportunities and developing training plans to meet their specific needs. The training program measures intern progress over the course of the year against the APA-defined profession-wide competencies for psychology trainees, rotation-specific criteria, and intern-specific goals and objectives agreed upon by rotation supervisors and supervisees. Students receive both structured and informal feedback regarding their progress in multiple forums throughout the internship year.

Throughout the course of each rotation, the intern has opportunities to observe and participate in team meetings and clinical activities. Teams are typically interdisciplinary in nature, providing the intern with an opportunity to develop a sense of the professional identity of a psychologist distinct from other health care providers. Typical clinical activities include assessment of personality, cognition and emotional functioning; differential assessment of neurological and psychological conditions; psychotherapy with individuals, couples, families and groups; development and delivery of patient educational materials; and consultation with team members regarding patients' coping style and its effectiveness, decisional capacity, and most effective

methods of communication with the specific patient. At the outset of each rotation, interns are assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives outlined in initial meetings. The expectation is that interns will assume increasing autonomy for clinical services and function as an integral member of the treatment team.

In addition to the learning that occurs through clinical activities on the rotation, interns participate in required seminar and didactic activities to facilitate learning skills related to rotations and general professional development topics, including assessment, diversity, health psychology, mental health, supervision, and professional issues. Training faculty model and instruct interns in using theory, literature, and critical thought to formulate clinical conceptualizations and hypotheses. As a Department of Veterans Affairs Medical Center, it is especially important that our interns understand the various and distinct experiences of U.S. Veterans. Toward this end, instruction in issues specific to Veteran health care, military culture, and population-specific psychosocial needs are provided in didactic and supervision settings throughout the year. Interns are trained to be thoughtful consumers of research. Reading and discussing articles provided by supervisors is an integral part of the learning process. Supervisors may request that students explore specific areas of interest by reviewing the literature and incorporating their findings into clinical interventions.

As part of our commitment to training psychologists who are prepared to be both competent clinicians and disseminators of research, we require all interns to prepare and present a formal educational lecture on a specific clinical or research topic of interest. This facilitates skill-development in the psychologist competency domains of research, professional values, attitudes and behaviors, communication and interpersonal skills. Interns are also required to lead at least one case conceptualization conference during the weekly group supervision hour during their internship year. The case conference reviews a current or recently completed psychotherapy or assessment case. During case conferences, psychological test data and other relevant information is used to construct the presentation and guide discussion.

Program Goals and Objectives

In training interns who are able to think critically about psychological issues and apply theory to practice, we adhere to APA CoA competencies with the expectation that interns will demonstrate ongoing development in each of these profession-wide competency domains. At the same time, we are aware that interns bring a unique array of individual skills and interests to the internship that may influence their progress over the course of a rotation. Whereas, internship training expectations are rooted in specific competency goals in the areas delineated below, internship faculty help to tailor training plans in order to ensure developmentally appropriate growth and competency are achieved by the end of internship. We believe that training in these areas adequately prepares interns for entry-level practice. Each intern is evaluated twice per rotation (mid/final evaluation) on the following nine APA CoA competencies:

- 1) Research
- 2) Ethical and legal standards
- 3) Individual and cultural diversity
- 4) Professional values, attitudes, and behaviors

- 5) Communication and interpersonal skills
- 6) Assessment
- 7) Intervention
- 8) Supervision*
- 9) Consultation and interprofessional/interdisciplinary skills

Program Training Structure

The standard training sequence includes three, 17-week rotation blocks. Each block consists of a major rotation (20 hours/week) and a minor rotation (12 hours/week). Interns are also required to select one assessment-focused rotation as part of their year-long training plan (see rotation descriptions included below for which rotations fulfill this assessment requirement). The total number of hours required for completion is 2080.

<u>Block 1 (17 weeks)</u>	<u>Block 2 (17 weeks)</u>	<u>Block 3 (17 weeks)</u>
Major Rotation	Major Rotation	Major Rotation
Minor Rotation	Minor Rotation	Minor Rotation

There are six internship slots available at the Rocky Mountain Regional VA Medical Center. Four slots belong to the General track and do not have any predetermined rotations, other than the assessment-rotation requirement listed above. The fifth and sixth slots focus respectively on Primary Care-Mental Health Integration (PCMHI) or Geropsychology. The PCMHI intern will have Primary Care-Mental Health Integration for all three major rotations and can identify other elective rotations to fulfill their three minor rotations. The Geropsychology intern will have Geropsychology-focused rotations for two of their three major rotations. The Geropsychology intern will have additional required didactics and a case conference for Geriatric Research Education and Clinical Center (GRECC) trainees. All other training activities are the same for the PCMHI and Geropsychology interns as for the general interns (didactics, research presentations, case conference, etc.).

The RMR VAMC internship strives to support intern well-being and quality of life while at the same time providing a high-quality and rigorous training experience. Our program monitors intern workload to ensure reasonable caseloads are maintained. We also support interns in working a 40 hour week and engage them in conversations throughout the year about self-care and work-life balance in order to encourage sustainable work habits based on professional and personal values. Although some minor variations in workload may occur given individual training goals and needs, the following are expected time allocations per week for training activities:

- Major rotation - 20 hours
- Minor rotation - 12 hours
- Didactics/presentations - 4 hours
- Admin, research, program development, and related activities - 4 hours

* Evaluated through the Supervision Seminar Didactic

Supervision and Evaluation of Competencies

Our program seeks to foster an environment of supervision that emphasizes trust, support and timely, ongoing feedback regarding the development of professional skills and competencies. Our program uses a diverse set of methods to support and observe our trainees' work. These methods include:

- Live observation of intern-client and intern-staff interactions
- Review and co-signature of all written material such as progress notes, reports and other additions to the electronic medical record
- Observation of intern case formulation and case presentation in team meetings, treatment planning conferences, and other interdisciplinary settings
- Review of progress notes and audio recording of psychotherapy and assessment sessions
- Review of psychological testing protocols and reports
- Feedback about the interns from professionals in other disciplines on the interns' rotations

Each rotation has an assigned primary supervising psychologist/faculty member that meets weekly with the intern. Through major and minor rotations interns receive at least two hours of individual supervision and four hours total supervision per week across the entirety of their training experiences. At the beginning of the rotation, rotation expectations are presented and a supervision agreement is signed by both the supervisor and the supervisee. In addition, the supervisor and intern collaboratively develop training goals for the rotation, including specific experiences that would further the trainee's professional skills. The supervisor then endeavors to provide support and guidance appropriate for the intern's level of experience, as well as whatever specific learning experiences are required to meet the competency goals.

Based on intern performance, the supervisor performs a formal written rating at the mid-point of the rotation and again at the end of the rotation. Feedback is provided to an intern's graduate program in the middle and end of the internship year. Seminar leaders also evaluate the interns' participation and relevant information is integrated into formal and informal feedback. In addition to formal evaluation and feedback, provision of informal feedback to interns is provided in a frequent and ongoing manner by each faculty member. We encourage both trainees and supervisors to engage in frequent self-reflection about the supervisory process and provide each other with both formal and informal feedback.

It is expected that interns will assume increasing levels of responsibility and autonomy during their rotations as they develop skill and familiarity with new professional roles. It is also expected that supervisors' involvement will move from a more directive role to a less directive and more consultative one. By the end of rotation, interns generally show substantial gains in competency compared to their initial baselines. Successful completion of rotations and the internship as a whole is defined as demonstrated competency across all APA CoA Profession-Wide Competency domains listed above. Meeting these goals adequately prepares interns for entry-level practice across a wide range of professional settings and roles.

APPLICATION & SELECTION PROCESS:

Eligibility Requirements

1. **Doctoral student in good standing** at a graduate program in Clinical, Counseling, or Combined psychology that is **fully-accredited** by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. **Approval to Attend Internship by Graduate Program Training Director:** Attestation by the graduate program Director of Clinical Training that the student is approved and ready to attend internship; this is required as part of the APPIC application.
3. **Completion of Comprehensive/Qualifying Exams AND Approval of Dissertation/Doctoral Research Project:** Applicants must verify in the APPIC application successful completion of the comprehensive/qualifying exams **AND** successful approval of their dissertation/doctoral research project by the application deadline.
4. **Minimum Clinical Hours & Experience:** Applicants must have accrued the following minimum numbers of hours and experiences to be eligible for the respective tracks below. Note that these are minimum requirements only. Please see the APPLICATION REQUIREMENTS AND CHECKLIST section of this brochure for further details about general characteristics of applicants who are a good fit with our internship program.

	Minimum Intervention Hours	Minimum Assessment Hours
General	350	75
PCMHI	350	75
GERO	250	100

5. **U.S. Citizenship:** All appointees must be a citizen of the United States. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
6. **U.S. Social Security Number:** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment and on-boarding process at the VA.
7. **Selective Service Registration:** By federal law, male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
8. **Fingerprint Screening and Background Investigation:** All Interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. Interns are subject to fingerprinting and

background checks. Match result and selection decisions are contingent on passing these screens.

9. **Drug Testing:** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (including psychology interns) are not drug-tested prior to appointment; however, these trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. VA conducts drug screening exams on randomly selected personnel as well as new employees. Drug screening is for substances that are illegal under federal statute, regardless of state law (e.g., cannabis). Please review the VA Drug-Free Workplace Program Guide for Health Professions Trainees for further information (https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf)
10. Doctoral level psychology interns, as VA Health Professions Trainees (HPTs), are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The above information and additional details regarding eligibility for VA training are available at: [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

Application Process

The Rocky Mountain Regional VA Medical Center psychology internship is a member of the Association of Psychology Postdoctoral and internship Centers (APPIC) and abides by all APPIC guidelines regarding intern recruitment and notification procedures. Internship applications are submitted *electronically*. To submit an application, please go to the APPIC website for instructions on how to complete the online APPIC Application for Psychology internships (AAPI).

Instructions and forms for the Applicant Agreement form required for the Match from the National Matching Program may be downloaded at www.natmatch.com/psychint. Applicants who cannot access the website should contact National Matching Service (NMS) directly to request instructions and registration forms. **Completed applications are due by the deadline noted above in this brochure.**

Application Requirements and Checklist

Interested individuals who meet VA eligibility requirements must submit the following. (*Please note that all client-related information must be de-identified*):

- Completed APPIC Online Application for Psychology Internship (AAPI)
- Cover letter indicating rotation interests and a summary of background and experience relevant to fit with the RMR VAMC psychology internship's training opportunities.

- Curriculum Vitae
- Official graduate program transcript(s)
- 3 letters of reference addressing clinical and/or research experience, as well as professional strengths and areas for improvement
- Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system
- Documentation of minimum doctoral intervention and assessment hours on the AAPI*
 - General: 350 doctoral intervention hrs and 75 doctoral assessment hrs
 - PCMH: 350 doctoral intervention hrs and 75 doctoral assessment hrs
 - Gero: 250 doctoral intervention hrs and 100 doctoral assessment hrs

**Please note that the above hour requirements are the minimum required for applications to be considered for the internship program. Successful General Track applicants typically have the following:*

- *Direct experience delivering 1 or more manualized evidence-based psychotherapies*
- *Direct clinical experience with multiple, distinct client populations and experiences in multiple clinical settings, some of which may include university counseling centers, community mental health centers, medical centers, primary care or other medical clinics, Veterans Affairs, etc.*
- *Direct experience administering, scoring and interpreting common intellectual (e.g., WAIS), personality (e.g., MMPI, PAI) and symptom-level instruments and combining these results into integrated reports*
- *An authorship role in at least one publication in a peer-reviewed scientific journal*

The Rocky Mountain Regional VA Medical Center provides equal opportunities in training for all qualified persons and does not discriminate on the basis of race, religion, sex, national origin or age.

Interviews

The Rocky Mountain Regional VA Medical Center seeks to recruit internship classes that are capable, open to learning, and reflect a broad diversity of backgrounds and identities. The RMR VAMC psychology internship program is committed to the values of diversity, equity, and inclusion in our training program and selection process. In your application materials (e.g., essays, cover letter) you are invited and encouraged to make note of and/or discuss your personal and cultural identities, including but not limited to those identities that are underrepresented in the psychology workforce. All complete applications are evaluated and rated based on the quality of their application and fit with the training opportunities provided through the Rocky Mountain Regional VA Medical Center internship program.

Due to the continued presence of COVID-19 and in an effort to reduce unnecessary financial and travel burdens on applicants, interviews will be conducted in a fully virtual format through the

Zoom platform. Applicants who do not have access to Zoom will be provided options to interview via phone or other virtual platforms. Notification of the offer to interview will occur on or before the date outlined by the program's APPIC directory listing.

Selection

The internship program at Rocky Mountain Regional VA Medical Center abides by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. A complete copy of APPIC policies and the computer matching program can be found at the APPIC website.

Candidates who successfully match with psychology internship at Rocky Mountain Regional VA Medical Center will be contacted by both phone and email following the successful match. Official notification of the internship match will be sent to both the candidate and graduate program within seven days of the official match.

Those candidates who match will be required to complete eligibility requirements that include:

- Pre-employment paperwork and a complete health trainees application
<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>
- A Trainee Qualifications and Credentials Verification Letter (TQCVL) to be completed by the intern's graduate program/academic institution. This form must verify the following:
 1. **Health Requirements:** The TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Also required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. VA also requires that interns be vaccinated against COVID-19. *Declinations are rare and only granted for approved exemptions.* If you decline a vaccine you may be required to wear a mask while in patient care areas of the VA.
 2. **Verification of all prior education and training:** Ensures interns have the appropriate qualifications and credentials as required by the admission criteria of the training program in which they are enrolled.
- Fingerprinting at a VA medical center.
- Completion of a VA pre-employment physical at a VA medical center approximately 30 days prior to employment/start date.

VACATION AND MEDICAL LEAVE:

Per the Office of Personnel Management (OPM) regulations, interns accumulate a total 13 days of vacation/annual leave and 13 days of sick leave throughout the internship year. They also receive up to 5 days of paid administrative leave and 11 paid federal holidays. Interns are provided with a secure office space, access to a range of clinical/exam rooms for patient care, access to computers, direct telephone and videoconferencing equipment, online library, and psychological testing supplies to use during internship.

ADMINISTRATIVE POLICIES AND PROCEDURES:

The program collects no personal information from website visitors. Demographic information is collected from current interns and sent in a de-identified aggregate to the American Psychological Association as part of required annual accreditation reports.

COVID-19 UPDATES:

Due to COVID-19 there have been multiple adaptations to the clinical training and education structure. Below are important information about how VA ECHCS and the psychology internship at Rocky Mountain Regional VA Medical Center have adapted and plan to move forward under COVID-19 (PLEASE NOTE THIS INFORMATION IS SUBJECT TO CHANGE):

- 1) As an employee of VA ECHCS psychology interns are considered Essential Staff. This designation means that under certain circumstances interns may be required to report in-person for clinical activities at the request of the Medical Center Director, Chief of Staff, Associate Chief of Staff for Mental Health Service, Training Director, and based on operational requirements of each clinical training or research rotation. This designation will also offer documentation for travel to/from work should local restrictions on travel be in place.
- 2) While under COVID-19 conditions, VA ECHCS has provided special approval for intern telework privileges. This approval for telework covers only the duration of COVID-19 period and is subject to change by the Medical Center Director. It is important to note the designation for telework does not require or guarantee individuals to telework. Approvals for telework are determined in coordination with rotation supervisors. Telework privileges are also dependent on intern behavior; should the intern violate terms of the telework agreement or fall below performance standards, the telework agreement may be rescinded.
- 3) VA ECHCS requires precautions be-taken for all face-to-face clinical encounters, including use of masks for staff and clients in all public and in-person settings, other PPE as needed and COVID-19 testing of employees in certain clinical areas (e.g., Spinal Cord Injury Disorder Clinic, Inpatient Mental Health).
- 4) When teleworking it is preferred that interns use VA furnished laptops. If additional equipment is needed, a request may be placed to support telework activities.
- 5) Psychology interns are to not have face-to-face contact with COVID-19 positive patients.
- 6) During the pandemic, the VA Office of Academic Affiliations has provided additional latitude regarding telesupervision. This change allows supervisors to provide supervision by video or phone, as well as to be in separate locations. Please note that time requirements for supervision time have not changed.
- 7) When indicated, didactics and educational seminars have been provided virtually during the pandemic to reduce unnecessary exposure risk.
- 8) VA ECHCS offers COVID-19 testing for employees that may have been exposed to the virus while working or develop symptoms at work. As employees, interns have access to these services.

TRAINING OPPORTUNITIES:

Rotation Selection

Prior to the start of the training year, each intern meets individually with the Training Director to discuss preliminary training goals and develop training plan requests. Interns are provided with written information regarding available rotations, such as the setting, interdisciplinary team structure, training experiences, as well as specific requirements and competency goals. The Training Director and intern also discuss the intern's professional goals, prior exposure to various mental health settings and any identified areas for growth within the APA competency domains. In this discussion, the Training Director may offer suggestions of specific rotations and supervisors that the intern might consider to meet training goals and expand their skill sets. In developing their rotation requests, interns are encouraged to identify rotations that provide experiences with new client populations, clinical settings (outpatient, inpatient, residential settings), treatment modalities (group, individual) and professional roles (psychotherapy, assessment, consultation, research).

After each intern has organized their requested training plans, the plans are presented to the internship Training Committee for review. The committee reviews the requested rotations to ensure that gaps in training are adequately addressed while also supporting the intern's training priorities to the largest extent possible. If necessary, the training committee proposes adjustments to the requested plans and allows each intern time to review and provide comments on these changes before training plans are finalized by the committee. Over the course of the year, interns may request changes to their training plans in order to support shifts in career goals or other professional needs.

Internship Didactics, Seminars and Other Training Experiences

Interns are provided a variety of seminars in order to promote a broad base of clinical knowledge. These seminars take place Monday mornings of each week and are provided by a range of psychology faculty from across the hospital.

Behavioral Health Seminar (1 hour/week, 3 weeks/month, 12 months):

This seminar intends to provide a solid grounding in health psychology, with respect to theoretical topics such as disability and coping, grief and bereavement, and sexuality & disability; and illnesses and injuries such as brain injury, dementia, amputation, chronic pain, multiple sclerosis and spinal cord injury. Scholarly review of literature is an important component of this seminar.

Mental Health Seminar (1 hour/week, 3 weeks/month, 12 months):

This seminar covers topics in a variety of clinical areas, including treatment considerations pertaining to clinical syndromes such as PTSD, personality disorders, depression, anxiety, and serious mental illness; broad-spectrum issues in clinical intervention such as counter-transference and psychopharmacology; and models/methods of psychotherapy including crisis intervention, family therapy, Cognitive Behavioral Therapy, EMDR, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy and evidence-based treatment in general.

Professional Issues Seminar (1 hour/month, 9 months):

This seminar addresses ethical and practical issues related to professional practice in psychology. Guest speakers and psychology staff members provide didactic instruction in such professional practice topics as how to give a professional presentation, how to give a research presentation and make a poster, etc. Staff members who have recently taken the licensing exam address the licensing process. Psychology staff also facilitate discussion regarding ethical issues and dilemmas.

Supervision Seminar (1 hour/month, 6 months):

The supervision seminar is designed to help orient interns more fully to the issues they will face as a clinical supervisor and provide interns with references, resources, discussion, and experiential exercises that will help support this aspect of their professional development. Interns role-play real or fictionalized cases in a group setting, taking turns engaging as the supervisor and supervisee. This enables interns to gain some experience in providing supervision to peers and engaging in a consultation process. The seminar is facilitated by a staff member who provides feedback on the supervision process and offers supplemental education about the provision of supervision. The seminar is not meant to serve as replacement for a graduate course in clinical supervision, but rather is meant to provide interns with opportunities to have a contemplative process about making the transition from supervisee to supervisor.

Assessment Seminar (1 hour/week, 2 weeks/month):

Interns will attend bi-weekly assessment seminars that cover a broad array of topics related to assessment. Topics may include foundational aspects of assessment, the assessment of various types of disorder disorders, domain-specific assessment approaches, and specific assessment instruments.

Identity and Consultation Seminar (1 hour/week, 1 week/month a month, 12 months):

The Identity and Consultation Seminar provides an opportunity for interns to develop increased knowledge and skill in approaching multicultural issues through a professional lens. In addition to reviewing research articles on different populations or DEI-related issues, interns have the opportunity in this seminar to engage in small group consultative discussions around diversity-related aspects of their practice and caseloads. These discussions are designed to encourage self-reflection on the part of those both asking and receiving questions in order to develop deeper awareness of their own cultural lenses as well as how to effectively support other staff members in DEI-aspects of their professional practice.

Diversity Mentorship Program (Variable, recommended 1 hour per month):

At the beginning of the year new interns are provided with information about our voluntary diversity mentorship program, which pairs interested interns with staff members of shared identity characteristics in an informal, non-evaluative and private professional relationship. Interns who wish to participate share with the Training Committee the identity characteristic(s) they are seeking in a mentor and the Training Committee makes efforts to pair them with an appropriate faculty member. The intern and faculty member then meet to arrange the frequency and content of mentorship meetings for the internship year.

Tiered-Supervision (Variable):

VA ECHCS allows for a tiered supervision model wherein trainees may receive secondary supervision from a more senior psychology trainee (intern or fellow) and supervising psychologist during a major or minor rotation. The length and number of cases will vary based on rotation and the training goals of each trainee in the dyad. In addition to providing additional supervision in key evidence-based interventions, advantages of the tiered supervision model is the ability of interns to receive mentorship from another learner at the next stage of professional development.

Optional Seminars:

Interns may attend various elective seminars, Mental Health Service Grand Rounds, Child Psychiatry Rounds, Psychiatry Chief's Rounds, and other conferences, as their schedules permit. Some of the seminars are held at the University of Colorado Health Sciences Center.

Clinical Rotation Descriptions

Each supervisor establishes the expectations and requirements appropriate to that rotation's settings. Interns are encouraged to discuss questions about these criteria with the supervisor early in the rotation and as needed throughout the training year. The following descriptions are subject to change based on staff availability, program changes and adaptations due to COVID-19.

ROTATION:	Brain Rehabilitation
SUPERVISOR(S):	Jason A. Kacmarski, Ph.D.
AVAILABILITY:	Major or Minor
MEETS ASSESSMENT REQ.	Yes
TELEWORK POSSIBLE:	Limited. Most services provided in person.
DESCRIPTION:	
<p>Interns who select this rotation will have the opportunity to assess and treat Veterans with recent or remote acquired brain injuries, including traumatic brain injuries (TBI) of varying severity. The Brain Rehabilitation Team assesses and treats adult patients with injuries sustained as a result of exposure to blasts, falls, gunshot wounds, assaults, car accidents, strokes, anoxia, tumors, and other neurological conditions. Team members include a rehabilitation psychologist/neuropsychologist, social worker, physiatrist, speech and language pathologist, physical therapist, occupational therapist, and optometrist. Veterans seen by the Team often present with complex co-morbid diagnoses such as depression, PTSD, and/or chronic pain. The Brain Rehabilitation Rotation is primarily focused on assessment within an interdisciplinary team, but secondarily includes opportunities to provide follow-up services including psychoeducation and brief rehabilitation-focused psychotherapeutic interventions aimed at assisting Veterans in coping with injury-related changes and managing medical needs/conditions, self-care, behavior, cognition, communication, psychosocial skills, and return to work.</p> <p>Psychology/neuropsychology provides the team with vital information regarding Veterans' cognitive and emotional functioning. Interns will learn to quickly assess Veterans' needs and status and make appropriate recommendations for their care. Interns will be expected to</p>	

organize information and present it to the Team in weekly rounds and to Veterans and their families as appropriate. Brief written reports will be required. This rotation also provides the opportunity to work with Veterans with a history of mild TBI/concussion, primarily within the context of a psychoeducation and skill building-focused group intervention.

Rotation Expectations:

- Meet with Veterans to complete brief evaluations as part of the RMRVAMC Brain Rehabilitation (BR) Clinic.
- Complete appropriate documentation of patient care, to include brief reports of functioning and recommendations.
- Gather information as appropriate from family members or other outside sources with proper releases from patients/families.
- Attend BR Team meetings and clinics with information ready to present when appropriate.
- Arrange for follow-up with patients as necessary through the BR Team, RMRVAMC Mental Health Clinic, or other services.
- Psychotherapy cases – provide therapy to patients/families and document in CPRS.
- Supervision – one or two hour(s)/week depending on whether a major or minor rotation with additional scheduled and/or drop in supervision as appropriate.
- Expectations regarding the number of psychotherapy cases, if any, will be determined at the beginning of the intern rotation based on prior experience and the intern's training goals.
- The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to support the completion of the requirements listed above. Feedback will be ongoing.
- The Brain Rehabilitation Clinic takes place on Thursdays beginning at 8am.
- The mild TBI/Concussion Clinic takes place on Monday afternoons.

Patients seen in the Brain Rehabilitation Clinic tend to be older adults with demographics otherwise largely mirroring those of VA ECHCS as a whole.

ROTATION:	Chronic Pain and Wellness Center (CPWC)
SUPERVISOR(S):	Kalon Eways, PhD (she/her/hers; Primary Supervisor) Emily Schroeder, PsyD (she/her/hers; Secondary Supervisor)
AVAILABILITY:	Minor Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Yes
DESCRIPTION:	
As part of an interdisciplinary treatment team, interns will develop competencies in assessment and conceptualization of pain syndromes in the context of co-occurring medical and mental health conditions, and behavioral treatment. Clinical activities include dual intakes with medical providers, individual pain psychology intakes, and the provision of individual and group therapy utilizing cognitive behavioral therapy and/or mindfulness-/acceptance-based therapies for chronic pain management. Interns will coordinate with other interdisciplinary CPWC team members and VA clinics (e.g., Primary Care, Substance Use Disorder clinic) to optimize treatment	

outcomes for the veterans they serve. Pending their availability, it is also recommended they attend our weekly interdisciplinary CPWC case conference and team meeting (Thursdays at 12:30-2:30pm). Our CPWC team aims to prioritize diversity, equity, and inclusion (DEI) issues by tailoring treatment to veteran's unique identity variables (e.g., incorporating family support, offering group treatment for veterans who identify as female). We also frequently discuss DEI issues during our interdisciplinary team meetings to optimize patient care and improve access for historically marginalized groups, such as veterans of color, rural veterans, and those who identify as female.

ROTATION:	General Mental Health Clinic
SUPERVISOR(S):	Adrienne Frank, PsyD; Alexandra Chadderdon, PsyD
AVAILABILITY:	Major or Minor*
MEETS ASSESSMENT REQ.	Yes (if completing Assessment Expectations below)
TELEWORK POSSIBLE:	Yes
DESCRIPTION:	
<p>The overall goal of the outpatient Mental Health Clinic (MHC) rotation is to provide Interns the experience of delivering direct clinical care to veterans with a broad spectrum of psychiatric illnesses, including affective disorders, schizophrenia and other psychotic disorders, personality disorders, adjustment reactions, and PTSD. The clinical rotation in the Mental Health Clinic provides the opportunity to work as part of an interdisciplinary evaluation and treatment team offering consultation, assessment, and psychotherapy in both individual and group formats. Interns will gain experience integrating evidence-based techniques into routine clinical practice and experience utilizing a specific treatment protocol (e.g., Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy, Prolonged Exposure).</p> <p>*Interns who complete MHC as a major rotation have the option of focusing exclusively on either psychotherapy or assessment, or having a combined psychotherapy-assessment focus. Interns who complete MHC as a minor rotation must select either a psychotherapy or assessment focus.</p> <p>Major Rotation Expectations:</p> <p><i>Psychotherapy:</i></p> <ul style="list-style-type: none"> ■ Facilitate and co-facilitate 2-3 groups per week (e.g., DBT, CBT for Depression), some ability to select groups based on training interests and/or needs (4-5 hrs/wk). ■ Attend weekly supervision meetings with psychotherapy supervisors (2 hrs/wk). <p><i>Assessment:</i></p> <ul style="list-style-type: none"> ■ Complete at least MHC intakes and integrative psychosocial assessments on a new clinic patient over the course of the rotation. 	

- Complete at least 3 comprehensive integrative assessments (i.e., self-report measures, personality assessment, cognitive assessment, semi-structured interview) over the course of the rotation and provide feedback to patients and treatment team.
- Average 2-3 hours of assessment related activity per week (including supervision and/or didactic instruction).

Interprofessional Practice:

- Participate in at least one interdisciplinary team meeting with the interdisciplinary treatment team each week. Meetings are at 11:00-12:00 on Wednesday; BHIP Huddles are also available at 11:00-11:30 daily.
- Maintain appropriate clinical documentation (e.g., Intake, Treatment Plan, Progress Notes, Evaluation Reports, etc.).

ROTATION:	Geropsychology
SUPERVISOR(S):	Christina Garrison-Diehn, PhD (she/her/hers) Joleen Sussman, PhD, ABPP (she/her/hers)
AVAILABILITY:	Major or Minor
MEETS ASSESSMENT REQ.	Yes
TELEWORK POSSIBLE:	No
DESCRIPTION:	
<p>The information below relates to both the Geropsychology track intern as well as interns from other tracks who wish to complete geropsychology-focused rotations. Please note that there are four geropsychology-focused rotation options described below, which include GeriPACT, the Dementia Care Team, Home Based Primary Care and GRECC research (minor only).</p> <p>Geropsychology Track</p> <p>Geriatric Research Education and Clinical Centers (GRECC) internship rotation is offered to the selected GRECC geropsychology intern. The GRECC intern will participate in the Geriatric rotations (described below) for two of the three major rotations. The intern will be part of a larger group of interdisciplinary GRECC interns and fellows for regular didactics and other meetings.</p> <p>The Geropsychology track is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009) and American Psychological Association's Guidelines for Psychological Practice with Older Adults (APA, 2013). A major focus of the training will be gaining knowledge of normal aging, health complexities during the aging process, cultural considerations related to assessment and treatment of older adults and functional impairment due to neurocognitive disorders (NCD). Further, training will be focused on learning skills to deliver feedback and education to Veterans, Veterans' caregivers and to provide consultation/education to staff. Through interdisciplinary collaboration, the intern will deliver a wide array of services to older adults and their caregivers including assessment, consultation, and psychotherapy.</p>	

The following three rotations focus on geropsychology. The GRECC intern will complete 2 major geropsychology rotations throughout the training year. Other interns are welcome to join as a major or minor rotation as available.

1) The Geriatric Primary Care Clinic (GeriPACT):

The Geriatric Primary Care Clinic (GeriPACT) is an interdisciplinary team of social work, pharmacy, medicine, nursing, audiology and psychology who provide primary care services to older adults with complex medical problems. The intern will be available for consultation and warm-hand offs during clinic hours. The intern will have opportunities to conduct joint sessions with other disciplines to provide patient centered care. Primary clinics are Tuesday and Thursday afternoons. Intern must be present for pre-clinic huddles at 12:30-1:00 on both days and available for warm hand-offs from 1:00-4:00pm.

2) Dementia Care Team:

The Dementia Care Team is an interdisciplinary team of social work, psychology and psychiatry. Interns on this rotation conduct biopsychosocial and neuropsychological assessments to identify, clarify and manage symptoms of Major Neurocognitive Disorders (Dementia) and Mild Neurocognitive Disorders (Mild Cognitive Impairment). Interns also provide caregiver coaching and education through individual and virtual group sessions. The Dementia Care Team serve as care consultants across ECHCS and there may be opportunities to be involved with consultation and interdisciplinary education.

3) Home Based Primary Care:

HBPC is an interdisciplinary primary care team that serves medically complex Veterans and their care partners in their homes. Psychology intern duties include assessment of Veterans' cognition, assessment of decision making capacity, improving health behaviors, improving coping with illness, care partner education/support, and brief psychotherapy as indicated. Psychology is an integral part of the team and is looked to for consultation by other team members as well. Psychology attends weekly IDT care planning meetings on Tuesdays from 9-11am.

4) GRECC Research (Minor rotation only):

For the second and third rotation blocks interns can choose a GRECC research minor. The intern will pair with a GRECC researcher with available project opportunities and either Dr. Garrison-Diehn or Dr. Sussman as the supervising psychologist.

As part of the above teams, interns will receive training in completing functional biopsychosocial assessments, medical decision-making capacity assessments, NCD-related neuropsychological assessments, caregiver support, evidenced-based individual psychotherapy with older adults and group psychotherapy with older adults. Interns will gain skill in providing difficult feedback to Veterans and their families (e.g., you are not safe to drive) as well as being part of family meetings with other disciplines.

Assessment opportunities include:

- Dementia Related Neuropsychological and Cognitive Exams
- Self-report mood measures + Cognitive screening + functional assessment of daily living
- Medical Decision Making Capacity Exams

Rotation Expectations:

- Carry a psychotherapy caseload of older adults and caregivers.
- Complete neurocognitive disorder-related neuropsychological evaluations; provide feedback to Veteran and family.
- Complete medical decision-making capacity evaluations; provide feedback to Veteran and staff referral source.
- Participate in interdisciplinary family planning and education meetings.
- Gather collateral information from outside sources as needed.
- Provide psychological consultation and education to interdisciplinary team members and hospital staff.
- Participate in one hour of weekly supervision, further supervision available as needed/requested.
- Complete relevant geriatric reading assignments provided by supervisor.
- Sit in on other disciplines (social work, medicine, psychiatry) sessions with Veterans as a learning experience.
- Attend and present at relevant geriatric journal club meetings and GRECC trainee didactics (GRECC intern).

ROTATION:	Health Promotion Disease Prevention (HPDP)
SUPERVISOR(S):	Eleni Romano, PhD
AVAILABILITY:	Minor Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	No
DESCRIPTION:	
<p>o Tobacco Risk Clinic (TRC): The TRC is an interdisciplinary, outpatient clinic that provides evidenced based pharmacological and behavioral interventions for tobacco cessation. The TRC is led by Pharmacy, Health Psychology, and Preventive Medicine. Interns who rotate through the TRC will gain experience delivering team-based tobacco interventions in telehealth formats, developing proficiency in Motivational Interviewing (MI) and behavioral counseling, and learning about pharmacotherapy for tobacco cessation. The TRC is designed to reduce health disparities in tobacco treatment by offering high quality care to geographically remote veterans and veterans presenting with mental health conditions that have high rates of tobacco use and related health outcomes. Learners in the TRC are often engaged in educational and public health efforts to address tobacco treatment barriers at the system level.</p>	

o Inpatient Tobacco Cessation Consultation: Interns will respond to consults for Veterans hospitalized on inpatient medicine, surgery, rehab, and intensive care units. Interns will provide an intervention consisting of a bedside visit and four, follow-up telephone calls using MI and behavioral counseling after discharge using MI, tobacco use assessment and behavioral counseling.

o Health Promotion Disease Prevention (HPDP) activities: The Health Promotion Disease Prevention training experience will provide Interns the opportunity to participate in administrative efforts designed to support healthy living initiatives across Eastern Colorado Healthcare System. These experiences may include, but are not limited to, co-facilitating health coaching trainings to staff and participating on the HPDP and Whole Health Steering Committees.

ROTATION:	Inpatient Mental Health
SUPERVISOR(S):	Geoff Smith, PsyD (Primary)
AVAILABILITY:	Minor Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	No
DESCRIPTION:	
<p>This rotation is designed to offer training in conceptualization and treatment of veterans in acute psychiatric crisis. Conceptual elements include 1) Developing knowledge of this population and related systems of support (e.g., conceptualization of acute care needs and severe/remitting forms of mental illness, the roles of the various providers on the interdisciplinary team, community resources for residential placement, and VA Mental Health resources in the outpatient system of care for focused discharge planning); and 2) Program development (e.g., the recovery model focused on prizing the voice of the veteran, informed consent, and highlighting strengths; program structure; philosophy of care and staff expectations of patients; and balancing patient safety and program flexibility such as legal status, certification process).</p> <p>Operational elements include:</p> <ol style="list-style-type: none"> 1) Group psychotherapy programming (student will practice process orientation versus psycho-education and be able to progress toward taking on choosing content and group facilitation with decreasing supervisor support over time; and exposure to evidence based practices including Illness Management and Recovery (IMR), Social Skills Training (SST), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Skills Training in Affect and Interpersonal Regulation (STAIR); and Motivational Interviewing (MI); 2) Individual psychotherapy (referral questions may include: focused skill-building, facilitating engagement to aftercare, or safety planning and suicide prevention); 	

- 3) Psychological assessment (fast- paced and includes structured diagnostic interview, review of records, and consultation with treatment team as well as administration of formal measures; student provides informal testing feedback to treatment team on the day following collection of raw data when possible);
- 4) Consultative collaboration with the interdisciplinary team (this includes Psychiatry, Nursing, Social Work, Occupation Therapy, Peer Specialists, and Volunteers informally and in the context of team meetings and Recovery Workgroup).

Requirements:

Precise weekly rotation schedule to be determined at the beginning of training (all aspects should comprise 12 hours per week). Testing and psychotherapy referrals should be actively sought with the assistance of the supervisor, and students should expect that a regular week would include at least two of the following direct patient services: individual psychotherapy, group facilitation, and/or psychological testing. Items with asterisks (*) are mandatory each week.

- 1) Weekly group co-facilitation *
- 2) Individual psychotherapy *
- 3) Psychological testing
- 4) 2-3 inpatient staff meetings each week * (8-8:30am weekdays)
- 5) Individual clinical supervision *
- 6) Recovery Program Development Workgroup (11am-12pm Fridays)

Additional Information About Assessment on the Inpatient Rotation:

Given the nature of the setting, assessment on H2 is often past-paced. Throughout the assessment process, students are expected to collaborate/consult closely with the veteran's treatment team

Measures and Interpretation:

- The specific measures selected will differ based on the referral question, but in addition to a chart review and clinical interview, assessments on IPU often consist of an objective measure and a projective.
- Commonly used measures include:
 - PCL-5
 - BDI
 - Clinician Administered PTSD Scale
 - AAS
- ❖ During interpretation, students are asked to look for common findings/themes across tests, clinical observations, information from the team, etc.

Assessment Feedback:

- ❖ Given the fast-paced nature of the unit, interns are encouraged to provide verbal feedback to the team and the veteran within a few days of the testing (sometimes as soon as the next day). It is important that the veteran and treatment team receive this feedback in a timely manner, so as not to delay medication changes, disposition planning, discharge, etc. After verbal feedback is given, the formal report can be written and finalized.

Overarching Themes Guiding Report Writing:

- Describe the person, not the test
- Reports should be brief and targeted
- If someone were to read the report backwards (starting with the recommendations and summary), would it be clear that the conclusions/recommendations are supported by the data and that the referral question was answered?
- Recommendations should be detailed and individualized, and should speak to recovery, evidence-based treatments, VA and community resources, and the veteran's strengths

Assessment supervision:

- ❖ We typically build on/emphasize a student's existing knowledge of assessment measures, rather than teaching new measures

ROTATION:	Inpatient Rehabilitation Medicine
SUPERVISOR(S):	Laura Leach, PhD
AVAILABILITY:	Minor Rotation
MEETS ASSESSMENT REQ.	Yes
TELEWORK POSSIBLE:	No
DESCRIPTION:	
<p>Interns selecting this rotation will have the opportunity to work with veterans who are coping with a wide range of medical problems including stroke, traumatic brain injury, amputation, spinal cord injury and multiple sclerosis. The inpatient multidisciplinary team includes physiatrists, social workers, speech therapists, psychologists, dieticians, nurses, and occupational, recreational, and physical therapists. Interns assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the contribution of their medical condition to current emotional functioning and vice versa. Interns provide recommendations to physicians, physical and occupational therapists and nursing staff about effective methods of communicating with, obtaining optimum cooperation from, and responding to veterans. They assist medical staff in differential diagnosis between emotional and organic factors in veterans' behavior, and in developing treatment plans and recommendations for disposition. Interns conduct assessment of cognitive functioning using neuropsychological measures, with an emphasis on the implications of test results for a veteran's every day, real-world function. Assessment results also play a role in determining a patient's decisional capacity. Finally, interns provide brief, structured psychotherapy to veterans and family</p>	

members and communicate with family members regarding their and the veterans' adaptation to the illness.

Rotation Expectations:

Timeliness/Workload Criteria

- Prompt (in most cases within one day of receiving case assignment) scheduling of appointments with patients, phone calls/visits with relevant family members. Accurately check out and schedule appointments in VISTA computer system.
- Patient notes written within one day of patient contact initially, and same day in most cases.
- Regular (at least once weekly) contact with rehab team members, especially nursing, OT and PT re: patient.
- Follow two-three patients, simultaneously.

Clinical Skill Improvement Criteria

- Show increased autonomy in the selection of assessment measures based on referral question.
- Accurately administer and score assessment measures.
- Incorporate feedback about test interpretation and report-writing, resulting in increased sophistication of conceptualization and written reports.
- Write patient notes with increased clarity and comprehensiveness.
- Demonstrate comfort/clarity in presentation of patients at team rounds.
- Identify "red flag" issues for patients (e.g., reports by staff that patient is not motivated, history of alcoholism) and to follow up on these.
- Develop effective working relationships with transdisciplinary team members, including ability to assist in treatment planning and provide co-treatment with other disciplines

The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing, but will be offered at a minimum at the supervision following the second Monday of each month.

ROTATION:	Mental Illness, Research, Education and Clinical Center (MIRECC)
SUPERVISOR(S):	Bridget Matarazzo, PsyD, Suzanne McGarity, PhD*
AVAILABILITY:	Major Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	
DESCRIPTION:	
The clinical and research mission of the Rocky Mountain MIRECC is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. Towards this end, the	

work of the Rocky Mountain MIRECC is focused on promising clinical interventions, as well as the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies. Specific populations of interest include Veterans with a history of traumatic brain injury and PTSD.

Interns rotating with the MIRECC will have the opportunity to engage in both clinical and research activities. Specifically, as part of the MIRECC Suicide Prevention Consultation Service, interns will have the opportunity to provide consultation to clinicians who are working with patients at elevated risk for suicide. This process varies from client to client; however, assessments typically include suicide-specific measures and may also include formal psychological/neuropsychological assessment. Interns are also provided with the opportunity to observe consultation calls provided by the national VA Suicide Risk Management Consultation Program. As part of the rotation, Interns typically also co-facilitate the Crisis Survival Group, which focuses on safety planning on the H2-Inpatient Psychiatric Unit.

With respect to research, interns will be expected to participate in ongoing research projects or may have the opportunity to initiate a research focused activity. All interns will work closely with the MIRECC psychology research team which consists of supervising psychologists, graduate psychologists, and post-doctoral fellows, as well as faculty from various disciplines (e.g., neuropsychiatry, psychiatry, social work, neuroscience).

*Interns who select the MIRECC rotation will work with two supervisors over the course of the rotation: one for clinical services, one for research. Supervisors will be determined per rotation based on availability and current/selected research projects. Tiered supervision may also be provided in collaboration with MIRECC Advanced Psychology Fellows in Mental Illness, Treatment, and Research (MIRT).

Rotation Expectations:

- 1) The intern will engage in the learning activities necessary to gain a basic understanding regarding the current state of Suicidology. This may include reading, attending lectures, or watching videos.
- 2) The intern will complete at least 2 MIRECC Suicide Prevention Consults.
- 3) The intern will complete a research related product (e.g., protocol submission, presentation abstract submission).
- 4) The intern will co-facilitate the Crisis Survival Group which occurs every Thursday on the H2-Inpatient Psychiatric Unit. Interns are expected to be onsite Thursdays to support this training experience.
- 5) Interns will attend lab (Tuesdays 1:00–2:00) and clinical consultation (Thursdays at 10:00-11:00) meetings and will participate in individual supervision (at least one hour per week/per supervisor and research mentor).

ROTATION:	Neuropsychology
SUPERVISOR(S):	Stacy Belkonen, PhD, ABPP; Jason A. Kacmarski, PhD

AVAILABILITY:	Major or Minor Rotation
MEETS ASSESSMENT REQ.	Yes
TELEWORK POSSIBLE:	Yes (for report writing only)
DESCRIPTION:	
<p>The Neuropsychology rotation provides interns with developmentally appropriate exposure to the sub-specialty of neuropsychology. Interns will have the opportunity to learn the basics of human neuropsychology and neuropsychological assessment from a practical clinical perspective with an emphasis on a fixed-flexible battery approach to assessment. This will typically include instruction on how to select, administer, score, and interpret a variety of neuropsychological instruments, as well as how to effectively convey neuropsychological assessment results in written reports. Interns will be taught the relationship between test performances and neuroanatomy and brain functions. Interns will be exposed to the nuances of responding to consults from hospital-wide providers, including neurology, mental health, primary care, and inpatient medical wards, including potential modifications of test batteries and report styles depending on the referral question. Additionally, interns will become proficient in medical chart reviews, including discernment of what information is critical for the neuropsychologist in their work with patients and other medical providers. Interns are also involved with providing verbal and written feedback regarding cognitive and psychological test results to patients, families, and others. There is a strong focus on the impact neuropsychological assessment (and the quality or style of feedback) can have on the individuals and the families with whom we work. Therefore, although competence in assessment techniques, scoring, and report writing are core goal of this rotation, effective, thoughtful, and constructive feedback is also emphasized. In addition to clinical work, interns are expected to attend a weekly didactic/case conference provided by site supervisors. There is also the option to attend a weekly V-Tel multi-site didactic with other VA medical centers.</p> <p>Rotation Expectations:</p> <ul style="list-style-type: none"> • Major rotations will complete a minimum of 6 full neuropsychological evaluations, including report and feedback sessions. Minor rotations will complete a minimum of 3 full neuropsychological evaluations, including report and feedback sessions. • Gather information from family members and outside sources with proper release of information. • Complete thorough medical chart reviews to inform conceptualization and diagnosis of cognitive disorders. • Complete chart notes in CPRS for each patient contact in a timely manner. • Review suggested readings and other information, as appropriate. • Attend supervision (at least 1 hour/week) with data scored (as much as possible) and questions prepared. • The primary supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing. 	

ROTATION:	Palliative Care
SUPERVISOR(S):	Elizabeth Holman, PsyD
AVAILABILITY:	Minor Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	No
DESCRIPTION:	
<p>The palliative care intern works closely with the interdisciplinary palliative care team, composed of physicians, a nurse practitioner, social workers, and chaplains as well as psychologist. The intern receives supervised experience through inpatient consultations throughout the medical center and outpatient therapy clients. Training objectives include development of skills in psychological evaluation and intervention with people who have life-limiting illness or are at end of life, as well as with their families and support systems. There is also a focus on working with medical and surgical teams as referral sources and collaborators. The intern will receive training in palliative care assessment and psychological treatment. The primary goal of the rotation is to provide the intern with an understanding of the varied diagnostic picture and psychosocial needs of the palliative care patient, and the varied roles of staff in an interdisciplinary approach to palliative care. As the palliative care psychologist has a facility dog, the rotation also includes experience seeing how animal-assisted therapy is incorporated into the work of psychology. Note that the work of the rotation is almost entirely in person in the medical center, with the exception of individual therapy clients.</p> <p>Please note that this rotation is only offered in the 2nd and 3rd blocks of the year.</p> <p>Rotation Expectations:</p> <ul style="list-style-type: none"> • Complete notes and reports in a timely fashion. • Participate in team rounds two mornings per week, 9-12 AM, on a day to be arranged by the intern and supervisor. • The intern is welcome but not required to participate in palliative care Team Care time on Fridays at 9 AM, a brief time of reflection and processing as a team. • Learn and administer palliative care psychological screening and capacity assessment measures, interpret results, write up report, and provide feedback to the treatment team and the patient and/or family. Assessments will occur in the hospital. • Weekly supervision for at least one hour. Come to supervision with tests scored (as much as possible) and questions prepared. • Read and prepare to discuss assigned readings. <p>No required meetings for this rotation: Interns will attend team rounds two mornings per week (9-12 a.m.), to be arranged with Dr. Holman.</p>	

ROTATION:	Primary Care – Mental Health Integration
SUPERVISOR(S):	Stephen Bensen, PhD, Seth Wintroub, PhD, Teresa Simoneau, PhD
AVAILABILITY:	Major rotation (Minor possible on case-by-case basis)
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Yes
DESCRIPTION:	
<p>This rotation provides training in theoretical models of Primary Care – Mental Health Integration (PC-MHI) and the various skill sets required to practice independently in a primary care setting. Additional readings are presented so that interns can familiarize themselves with the broad range of PC-MHI models. In the next phase of training interns develop competency in care management, health psychology interventions, motivational interviewing and short-term Cognitive Behavioral Therapy. There is opportunity for intensive supervision and co-therapy with PC-MHI providers during this phase of training. Interns also hone their consultation skills and learn how to effectively communicate in writing, via telephone and in person with primary care treatment teams and the outpatient Mental Health clinic. The PC-MHI supervisor will negotiate each intern's clinical load based on their experience and training goals. Finally, PC-MHI interns have the opportunity to participate in the National PC-MHI Competency Training conference.</p> <p>The PC-MHI receives warm hand offs (WHO's) or consults from primary care providers requesting evaluation and treatment for patients with symptoms of depression, PTSD, anxiety, grief and loss, family or relationship issues and substance misuse. The team also helps PCPs address chronic health conditions including diabetes, high blood pressure, obesity, chronic pain and insomnia. The PC-MHI team completes functional assessments for each patient and develops focused, functional treatment goals. The PC-MHI team partners with the primary care providers to treat veterans in the program. The primary care physicians prescribe the medications and the PC-MHI care managers monitor patient adherence, side effects and treatment efficacy. This requires good communication and advocacy skills to provide the best care for PC-MHI patients. If patients require specialized mental health care, the PC-MHI team will refer patients to the appropriate outpatient MH clinic. Interns will learn the Behavioral Health Lab (BHL) software and use it to complete measurement based care assessments and track the status of assigned cases. Interns will spend time embedded in primary care clinics and function as a PC-MHI provider. PC-MHI interns will receive training in delivering services in 30 minute appointments, and delivering episodes of care in 4-6 session. PC-MHI clinicians schedule 30 sessions and then have 30 unscheduled for warm handoffs and curbside consultations with primary care providers.</p> <p>PCMHI services are provided in person or via Veteran's Video Connect (VVC) or telephone. Interns will develop skills to assess and treat veterans in all modalities. Interns also have the opportunity to participate in PC-MHI group clinics. The PC-MHI team offers training in Cognitive Behavioral Therapy for Insomnia, Problem Solving Therapy, and CBT skills for depression and anxiety.</p>	

The PC-MHI rotation requires interns to develop competency in suicide risk evaluations. Initially, each intern will observe supervisors while they complete suicide risk evaluations. In the next phase of training the intern will perform suicide risk evaluations under live supervision until they can perform these evaluations independently. The PC-MHI team averages 1-2 suicide risk evaluations per day.

The PC-MHI rotation provides multiple levels of supervision. There is a minimum of one hour of individual supervision each week. Interns have the option of attending a meeting with the PCMH prescribers to review medication concerns/questions. There are also opportunities for observing sessions and for participating in co-therapy with your supervisor. Finally, urgent supervision for crises is always available. We strongly recommend interns choose PCMH as a Major Rotation.

Rotation Responsibilities:

1. Reading: Interns will read the PC-MHI manuals, as well as, other chapters and articles as assigned.
2. Demonstrate competency in using the BHL software to complete MBC assessments and case management tasks.
3. Maintain a PC-MHI caseload (number of cases negotiable based on intern's level of training and rotation goals.)
4. Demonstrate competency in co-leading at least one of the PC-MHI group clinics.
5. Help PC-MHI team complete suicide risk assessments.
6. Attend PC-MHI team meeting (1-2 on the 2nd and 3rd Wednesdays) and optionally attend the psychiatry supervision ([11-1200](#) every [Wednesday](#)).
7. Demonstrate competency in using the PC-MHI "Toolkit" of health psychology interventions.
8. Demonstrate competency in using brief EBP interventions appropriate to the primary care clinic.
9. Demonstrate ability to effectively communicate in writing, via telephone and in person as you consult with the staff in the Primary Care, Outpatient Mental Health and PC-MHI clinics.
10. Complete chart notes and check out in GUI within 24 hours of patient contact.
11. Complete Clinical Reminders as appropriate.
12. Come to supervision (minimum of one hour per week) prepared to discuss your cases and questions.

ROTATION:	Psychology in Serious Illness and Symptom Management
SUPERVISOR(S):	Elissa Kolva PhD
AVAILABILITY:	Minor Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Yes

DESCRIPTION:
<p>This health psychology rotation focuses on the role of the psychologist in the context of serious illness as well as the use of behavioral psychotherapy for symptoms of medical conditions. Training will be tailored to the intern's interest in psycho-oncology, diabetes management, and tinnitus management and may include:</p> <ul style="list-style-type: none"> • Psycho-oncology: Interns will have the opportunity to work with patients and caregivers coping with cancer diagnoses. This training consists of conducting psychosocial assessments and individual psychotherapy. The intern may have the opportunity to co-lead support groups, group psychotherapy and workshops. The intern will attend interdisciplinary team meetings and offer consultation to medical providers and conduct co-assessments. • Diabetes management: The Living Well With Diabetes groups occur twice per week (Wednesdays, 11:00-12:00 and Thursdays, 9:00-10:00). Groups are facilitated by an interdisciplinary team consisting of a health psychologist, registered dietitian, and nurse practitioner. Groups are designed to provide education on diabetes management, increase motivation for treatment adherence, and provide support to Veterans. Individual therapy supporting Veterans' diabetes management and treatment adherence will also be arranged. • Tinnitus management: Progressive Tinnitus Management provides a hierarchical structure for providing clinical services for tinnitus and incorporates education, sound-based methods, and cognitive and behavioral strategies. Interns may have the opportunity to facilitate a tinnitus management group that is led by a health psychologist and an audiologist or audiology trainee.

ROTATION:	PTSD Clinical Team (PCT)
SUPERVISOR(S):	John McKelvie, PhD Lauren Golden, PhD
AVAILABILITY:	Major or Minor Rotation
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Yes
DESCRIPTION:	
<p>The goal of the PCT rotation is to provide Interns the experience of delivering outpatient, evidenced-based treatment to veterans with military-related Posttraumatic Stress Disorder. The clinical rotation in the PCT provides the opportunity to work as part of an interdisciplinary team offering assessment, psychotherapy, and consultation in both individual and group formats. Evidenced-based assessments will include structured clinical interviews, and administration of the PCL, and either the PTSD Semi-Structured Interview (PSSI-5) or the Clinician Administered PTSD Scale (CAPS) along with other self-report measures. Interns will also receive training in evidence-based psychotherapy treatment options for PTSD, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).</p> <p style="text-align: center;"><i>Rotation Expectations</i></p>	

- Carry a general caseload of 5-8 psychotherapy patients (dependent on type of EBP) throughout the rotation.
- Complete 1-2 PCT Intakes per week with new patients
- Participate in one hour of weekly individual supervision, additional supervision PRN
- Attend weekly PCT Team Meetings (Thursdays from 11-12)
- Attend twice weekly PCT huddles (Tuesdays and Fridays 11:30-12:00)
- Provide consultation and interventions with inpatient, residential, and outpatient staff as needed.
- Maintain and complete all appropriate PCT documentation on patients in a timely manner (i.e., Intake, Treatment Plan, Progress Notes, Evaluation Reports).
- Coordinate after-care treatment as needed for veterans who may have additional clinical concerns (i.e., Family Program, SATP)
- Potential opportunity to co-facilitate PTSD Education Group and/or MST-related skills groups

What a typical week may look like on the PCT:

Major Rotation

1-2 intakes = 2-4 hours

3-4 PE patients = 6-8 hours

3 CPT patients = 3 hours

Team meeting = 2 hours

Group Opportunity = 2 hours (MST, PTSD education)

Individual supervision = 2 hour (minimum)

Total: 20 hours per week

Minor Rotation

1 intake = 2 hours

Supervision = 1 hour

Team meeting = 1 hour

2-3 PE patients = 4-6 hours OR 4-5 CPT patients = 4-6 hours

Total: 12 hours per week

ROTATION:	PTSD Residential Rehabilitation Treatment Program (RRTP)
SUPERVISOR(S):	Mandy Rabenhorst, PhD; Steph Kleiner-Morrissey, PsyD; Lia Bishop, PhD; John Glazer, PsyD
AVAILABILITY:	Combined Major and Minor Rotation (full-time)
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Ad hoc (due to COVID-19)
DESCRIPTION:	

This rotation takes place within the Ascend Program, a recovery-oriented PTSD residential treatment program for Veterans with complex mental health and psychosocial needs. The objective of residential treatment in the PTSD RRTP is to reduce the impact of PTSD symptoms and to improve coping skills among Veterans who have not been able to achieve symptom reduction through traditional outpatient services. The PTSD RRTP supports recovery through:

- Increased understanding of PTSD and other mental health disorders, including depression and substance use disorders,
- Increased hope and motivation,
- Increased capacity for relatedness and reduced social isolation.

Population:

The PTSD RRTP is a 20-bed unit. Veterans seeking treatment in this setting have been diagnosed with PTSD related to military service, including combat (historically, about two-thirds of Vets in the program were from OEF/OIF and 5-10% active duty soldiers), sexual trauma, and other military events. Veterans served in the PTSD RRTP often present with co-morbid conditions, including depression, alcohol/substance abuse, anxiety disorders, and personality disorders. Many are socially isolated. Veterans from a variety of cultural and ethnic backgrounds participate (historically, about half of Vets served in the program identified as Hispanic). Residential care is a “step up” in intensity from specialized outpatient care, for Veterans who benefit from increased structure and support. NOTE: All admissions are currently on hold pending construction of a new PTSD RRTP facility, however, we expect to be available for intern training during the 2023/2024 training year.

Residential Program Structure:

Because the PTSD RRTP has been temporarily closed for an extended period of time, first due to COVID-19 and now pending construction of the new facility, the program is in a transitional phase. The interdisciplinary, recovery-oriented team is growing and program development is actively underway. When the program reopens (on track for January 2023), there will be 15 beds dedicated to male-identifying Veterans and 5 beds to female-identifying Veterans, with one of the female beds being available as a “flex” bed to serve Vets who do not identify as cisgender. The PTSD RRTP is an intensive treatment environment and Veterans are expected to participate fully in a variety of evidence-based group and individual treatment activities. There is a strong emphasis on group therapy and community integration. Evidence-based and evidence-supported treatments offered within the program are anticipated to include: Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, Motivational Enhancement Therapy, Dialectic Behavior Therapy skills, Written Exposure Therapy, Acceptance and Commitment Therapy, family education, interpersonal process groups, psychoeducation, skills training, recreational therapy outings, yoga, and peer support. Prior to COVID, program residents were able to come and go freely on weekends (with an approved pass), evenings, and between treatment activities – this will likely be modified to ensure safety amidst the pandemic.

Location:

The PTSD RRTP will be located at the far north end of the Rocky Mountain Regional (RMR) VA Medical Center campus (near the staff parking garage). We anticipate that interns will spend Monday in training activities at RMR VAMC and the rest of the week on site in the program.

Anticipated Psychology Intern Activities:

- Attend morning report Tues – Fri
- Attend weekly staff meeting
- Attend one recovery planning meeting/week, with additional meetings as needed
- Co-facilitate at least one process therapy group/week and two CPT groups/week (one 6 week cycle of CPT is required on the rotation)*
- Co-facilitate 1-4 other weekly group treatment activities (depending upon involvement in CPT/Process Group), as selected by the intern. Interns also may have the opportunity to facilitate a group independently as/if appropriate.
- Write PTSD screening evaluations for one resident per week
- Conduct more detailed personality/cognitive evaluations as needed
- Attend patient graduation ceremonies
- Document group and individual interventions within 24 hours of clinical service.
- Provide team consultation, as appropriate, regarding treatment plans, behavioral observations, and team interventions with residents
- Act as care coordinator for 2-3 residents at any given time. In this capacity, conduct psychotherapy, assess residents' progress in the program, provide brief interventions to set limits, assess functioning, and assess suicidal/homicidal ideation, plan, and intent as appropriate, in consultation with unit supervisor.
- Contact outpatient therapists as appropriate to exchange information about Veterans.
- Attend 1-2 supervision sessions per week
- Complete readings as assigned
- Competencies: By the end of this rotation, the intern will demonstrate competence in the following areas: Interpreting PTSD screening instruments and writing screening evaluations, providing time-limited group and individual psychotherapy, documentation of clinical services, writing treatment summaries with appropriate treatment recommendations, understanding and addressing barriers to recovery, providing strong interdisciplinary team consultation, and assessing safety issues, including suicide and homicide risk assessments.
- Interns may have the opportunity to engage with program evaluation.*
- The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be continuous, with written evaluations at the midway point and end of the rotation.

**negotiable based on intern's background and training needs*

ROTATION:	Spinal Cord Injury/Disorders (Inpatient)
SUPERVISOR(S):	Darryl Etter, PsyD (he/him)
AVAILABILITY:	Major (Minor on case-by-case basis)
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	No
DESCRIPTION:	

Interns who choose this rotation will work closely with the inpatient SCI/D team to enhance veteran wellbeing and ability to accomplish medical/rehabilitation goals. This involves both direct patient care as well as interdisciplinary collaboration and consultation. Interns assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the interaction of their medical condition and psychosocial functioning. They provide psychotherapy services to veterans and veterans' caregivers/family members, ranging from brief to longer-term and varying from supportive and existential to structured and skills-based. Interns may also co-lead psychoeducational groups. Interns provide recommendations to the interdisciplinary SCI/D team about strategies for engaging veterans in their treatment, including through co-treats with other disciplines. Interns assess veterans' decisional capacity and provide recommendations about disposition considerations, including discharge setting. Interns may also conduct assessments of cognitive functioning using neuropsychological measures, with an emphasis on the implications of test results for a veteran's every day, real-world function.

Issues engaged with during this rotation often include disability, gender, aging, living with medical conditions, limitations and assumptions of health and social systems, and the existential and identity challenges associated with navigating these issues. Interns are encouraged to engage in self-reflection around their own experiences and identities, including finding opportunities for humility, with a goal of expanding what populations, settings, and roles interns are prepared for.

SCI/D is recommended as a Major Rotation, but may be available as a Minor based on intern training goals.

Rotation Expectations:

- All inpatient work is done in-person at RMR. Although days of the week for the rotation are flexible, it is recommended that they be at least somewhat spread out through the week to accommodate the flow of inpatient care.
- Adhering to COVID-19-related precautions, as SCI/D is designated as a higher-risk population (e.g., regular surveillance testing for COVID). Interns rotating with SCI/D
- Complete consults for SCI/D inpatients in a timely manner
- Provide ongoing psychological assessment and therapy to veterans (and family/caregivers, as needed) while they are admitted
- Gather collateral information from family/caregivers and other staff
- Actively collaborate with interdisciplinary team
- Present patient updates, impressions, and recommendations at interdisciplinary rounds, or communicate these to supervisor if unable to attend rounds
- Complete cognitive assessments as needed and write complete reports for these assessments
- Participate in supervision – at least 1 hr/wk, with additional curbside supervision expected. The supervisors are responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above.
- Expected time allocation for major rotation:

- Supervision: 2 hrs/wk
- Interdisciplinary meetings: 2-3 hrs/wk
- Direct patient care: 4-6 hrs/wk
- Interdisciplinary collaboration/consultation: 1-3 hrs/wk
- Documentation and chart review: 1-3 hrs/wk
- SCI/D learning: 2 hrs/wk

ROTATION:	Spinal Cord Injury/Disorders (Outpatient)
SUPERVISOR(S):	Michael Petrelli, PsyD (he/him)
AVAILABILITY:	Minor
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Partial Telework Possible (ALS Clinic on Tuesdays is in person)
DESCRIPTION:	
<p>Interns who choose this rotation will have an opportunity to provide psychological functional assessment and psychological interventions to Veterans with Spinal Cord Injury (SCI), Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS). As part of an interdisciplinary team, psychology provides patients, their families and other health professionals with vital information regarding Veterans' cognitive and emotional functioning. Other health professionals with whom the intern will interact include nurses, physicians/medical residents, physical therapists, occupational therapists, recreation therapists, social workers, and speech and language pathologists.</p> <p>Interns who choose this rotation will be consulted to administer brief psychological evaluations to patients as part of their recurring ALS Clinic appointment with the SCI/D (Spinal Cord Injury/Disorders) ALS specialty team. They will also conduct intakes and ongoing psychotherapy to Veterans with complex health and psychological needs, and co-lead a bi-monthly psychology group for Veterans with SCI/MS. The rotation is focused on brief psychological evaluations to determine psychological needs and therapeutic intervention as well as follow-up, and training opportunities will be tailored to individual training interests and goals. Possible interventions include assisting patients in coping with medical needs, emotional adjustment to injury or diagnosis, changes in identity, changes in family dynamics, self-care, mobility, health behavior change, cognitive performance, communication, and psychosocial skills.</p> <p>SCI/D Outpatient is currently being offered as a Minor Rotation.</p> <p>Rotation Expectations:</p> <ul style="list-style-type: none"> • Conduct brief 30 minute evaluations during Veterans' ALS initial and follow up exams and provide recommendations to the Veterans and interdisciplinary team. • Provide psychotherapy to Veterans and families (Number of cases to be determined by Intern training goals and time on rotation) 	

- Participate in weekly interdisciplinary team rounds to review Veterans seen in their ALS evaluations (Occurs on Tuesdays from 8:20-9:00)
- Co-facilitate a 90 minute bi-monthly psychology group for Veterans with SCI/MS.
- Gather information as appropriate from family members, other outside sources, with release from patients.
- Collaborate and consult with other disciplines on team to coordinate patient centered care
- Accurately check out and schedule appointments.
- Participate in supervision – at least one hour/week, plus additional supervision as needed. The supervisors are responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above.
- Expected time allocation for minor rotation:
 - Supervision: 1 hrs/wk
 - Interdisciplinary meetings: 1 hrs/wk
 - Direct patient care: 3-5 hrs/wk
 - Interdisciplinary collaboration/consultation: 1 hrs/wk
 - Documentation and chart review: 1-3 hrs/wk
 - SCI/D learning: 1 hrs/wk

ROTATION:	Substance Use Disorders
SUPERVISOR(S):	Gretchen Kelmer, PhD (she/her/hers) Alex Lengerich, PhD (he/him/his)
AVAILABILITY:	Minor
MEETS ASSESSMENT REQ.	No
TELEWORK POSSIBLE:	Yes
DESCRIPTION:	
<p>The Substance Use Disorders (SUD) Clinic is a multi-disciplinary outpatient clinic that offers a 3-week, 27-hour intensive outpatient program (IOP), relapse prevention groups, ACT- and mindfulness-based recovery groups, as well as individual evidence-based psychotherapy for substance use disorders (SUD.) In addition, the SUD Clinic offers couples therapy for partnerships in which the Veteran partner has an SUD, integrated EBPs for co-occurring PTSD and SUD, and opioid replacement therapy and other medically-assisted treatment for SUD. Given the diversity of the Veteran population served in this clinic and the SUD supervisors' commitment to diversity, equity, and inclusion, both the clinical work being supervised and supervision itself are delivered using a culturally responsive approach. Given the SUD Clinic's strong emphasis on interdisciplinary care, interns are provided with the opportunity to serve Veterans in collaboration with clinicians from a wide range of disciplines; our team is comprised of psychologists, board-certified addictions medicine psychiatrists, a clinical pharmacist, social workers, rotating medical and pharmacy residents, and a Veteran peer support specialist.</p>	

Interns who rotate in the SUD Clinic choose from two tracks, one focused on Motivational Interviewing (MI) and one focused on Acceptance and Commitment Therapy (ACT.)

SUD Clinic Track 1: Motivational Interviewing

The SUD Clinic Motivational Interviewing track, supervised by Dr. Gretchen Kelmer, provides intensive training in MI as a cornerstone of the rotation. No prior MI experience is required, and advanced training is available for those with previous experience. Interested interns also have the option to deliver the VA's Motivational Enhancement Therapy (MET) protocol, which utilizes the VA's Assessment and Feedback Tool (AFT) to provide Veterans with individualized feedback regarding their substance use in an MI-consistent manner. MI training in the SUD Clinic involves collaborative review of session audio with close attention to the use of language to evoke and strengthen intrinsic motivation for change. Interns are likely to find that MI skills developed in the SUD Clinic MI rotation are broadly applicable in a wide range of clinical settings and contexts.

In addition to MI training and IOP group facilitation (the two required elements of the MI track rotation), training in empirically supported conjoint SUD treatment for couples (i.e., Behavioral Couples Therapy for SUD; BCT-SUD) is available to interns, as are the opportunities to facilitate or co-facilitate SUD Clinic mindfulness-based recovery groups, shadow SUD Clinic psychiatrists/pharmacists, co-facilitate MI-based groups on the inpatient mental health unit, or gain experience with CBT-SUD. If feasible and consistent with training goals, there is support for interns to be involved in ongoing program development (e.g., creating group content/curriculum/patient materials) or to develop and implement a time-limited group for SUD Clinic Veterans in an area or population of interest and/or expertise of the intern.

SUD Clinic Track 1 (Motivational Interviewing) Rotation Expectations:

- Engage in training and practice of Motivational Interviewing, to include readings, review of session audio recordings, role play, and intensive supervision
- Facilitate or co-facilitate at least 2 hours of SUD Clinic groups per week, including at least one hour of Intensive Outpatient Program (IOP) group
- Attend weekly team meetings with SUD staff, Thursdays 2:00 – 3:00pm and/or attend twice-weekly team huddles Tuesdays and Fridays 8:30-9:00am
- Carry a caseload of approximately 2-3 SUD therapy clients at a time
- Participate and collaborate as a member of interdisciplinary team

SUD Clinic Track 2: Acceptance and Commitment Therapy

The SUD Clinic Acceptance and Commitment Therapy track, supervised by Dr. Alex Lengerich, provides training in ACT for SUD recovery. Interns will develop knowledge and skill in both ACT conceptualization and intervention. ACT training in the SUD clinic involves the opportunity provide ACT in both group and individual formats. No prior ACT knowledge or experience is required.

In addition to ACT and IOP group facilitation, interns will have opportunities to shadow SUD Clinic psychiatrists/pharmacists or gain experience with CBT-SUD. If feasible and consistent with training goals, there is support for interns to be involved in ongoing program development (e.g., creating group content/curriculum/patient materials) or to develop and implement a time-limited group for SUD Clinic Veterans in an area or population of interest and/or expertise of the intern.

SUD Clinic Track 2 (Acceptance and Commitment Therapy) Rotation Expectations:

- Engage in training and practice of Acceptance and Commitment Therapy including readings and supervision.
- Facilitate or co-facilitate at least 2 hours of SUD Clinic groups per week, including at least one hour of Intensive Outpatient Program (IOP) group
- Co-facilitate a 9-week ACT for recovery group, Wednesdays 11:00am - 12:00pm
- Attend weekly team meetings with SUD staff, Thursdays 2:00 – 3:00pm and/or attend twice-weekly team huddles Tuesdays and Fridays 8:30-9:00am
- Participate and collaborate as a member of interdisciplinary team

Training Faculty

Nazanin Bahraini, PhD	
Position:	Clinical/Research Psychologist
Year of Hire:	2010
Degree Program:	University of Denver, Counseling Psychology
Research Interests:	PTSD, TBI and suicide prevention
Clinical Interests:	Acceptance and Commitment therapy, suicide prevention and consultation
Email:	Nazanin.Bahraini@va.gov

Sean M. Barnes, PhD	
Position:	Clinical Research Psychologist
Year of Hire:	2013
Degree Program:	University of Binghamton
Research Interests:	Suicide prevention, moral injury, depression, Acceptance and Commitment Therapy
Clinical Interests:	Suicide risk, suicide prevention, Acceptance and Commitment Therapy for suicide prevention (ACT for Life) and Moral Injury (ACT-MI), psychological flexibility
Email:	Sean.Barnes2@va.gov

Stacy Belkonen, PhD, ABPP	
Position:	Neuropsychologist
Year of Hire:	2018
Degree Program:	Fuller Theological Seminary
Research Interests:	Neuropsychological assessment, aging, dementia, traumatic brain injury, cognitive rehabilitation
Clinical Interests:	Teleneuropsychology, dementia, traumatic brain injury
Email:	Stacy.Belkonen@va.gov

Stephen Bensen, PhD	
Position:	Program Manager, Primary Care Mental Health Integration
Year of Hire:	2008
Degree Program:	Fuller Theological Seminary
Research Interests:	Behavioral Medicine, Primary Care - Mental Health Integration, Anxiety Disorders
Clinical Interests:	Primary Care - Mental Health Integration, Interactive Voice Response Systems to improve Medical Care, Behavioral Medicine
Email:	Stephen.Bensen@va.gov

Lisa M. Betthausen, MBA, PhD	
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Appendix A: Training Faculty Bio's

Position:	Clinical Research Psychologist
Year of Hire:	2016
Degree Program:	University of Colorado at Denver, Clinical Health Psychology
Research Interests:	Suicide prevention; complementary integrative health; trauma-informed care; rehabilitation psychology
Clinical Interests:	Upstream suicide risk and prevention in Service members and Veterans using mHealth technology; acceptability and feasibility of complementary integrative health modalities as adjunctive interventions for PTSD and TBI; intersection of rehabilitation psychology and suicide risk.
Email:	Lisa.Betthauser@va.gov

Lauren M. Borges, PhD	
Position:	Clinical Research Psychologist
Year of Hire:	2018
Degree Program:	Western Michigan University
Research Interests:	Moral injury, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, suicide prevention and consultation, personality psychopathology
Clinical Interests:	Acceptance and Commitment Therapy for Moral Injury (ACT-MI), contextual behavioral approaches to measuring responding to guilt and shame, contextual behavioral approaches to assessing and intervening on suicide risk
Email:	Lauren.Borges2@va.gov

Alexandra Chadderdon, PhD	
Position:	Staff Psychologist, BHIP 4 Women's Specialty Team
Year of Hire:	2022
Degree Program:	Adler University
Research Interests:	The use of hypnosis in magnetic resonance imaging
Clinical Interests:	PTSD, post-deployment, pain psychology, clinical assessment
Email:	Alexandra.chadderdon@va.gov

Darryl Etter, PsyD	
Position:	Clinical Psychologist, Spinal Cord Injury Clinic
Year of Hire:	2015
Degree Program:	PGSP-Stanford PsyD Consortium
Research Interests:	Health Psychology, Integrated Care, Trauma
Clinical Interests:	Health Psychology, Trauma
Email:	Darryl.Etter@va.gov

Jake Farnsworth, PhD	
Position:	Internship & Practicum Psychology Training Director, Psychology Program Manager

Appendix A: Training Faculty Bio's

Year of Hire:	2015
Degree Program:	University of North Texas
Research Interests:	Theory, assessment and treatment of moral injury, values and value conflicts in psychotherapy, ethics
Clinical Interests:	Moral injury, PTSD, Co-occurring trauma and substance use disorders
Email:	Jacob.Farnsworth@va.gov

Christina Garrison-Diehn, PhD	
Position:	Geropsychologist
Year of Hire:	2021
Degree Program:	University of Nevada, Reno
Research Interests:	Ageism in healthcare, psychosocial impact of acquired hearing loss, dementia care
Clinical Interests:	Assessment and intervention in dementia care, insomnia, late life depression and anxiety, capacity evaluations
Email:	Christina.Garrison-Diehn@va.gov

John Glazer, PsyD	
Position:	Clinical Psychologist/ Ascend PTSD RRTP
Year of Hire:	2015
Degree Program:	University of Denver Graduate School of Professional Psychology
Research Interests:	All things PTSD and Moral injury
Clinical Interests:	PTSD, Moral injury, Anxiety disorders
Email:	John.glazer@va.gov

Ryan Holliday, PhD	
Position:	Clinical Research Psychologist
Year of Hire:	2019
Degree Program:	University of Texas Southwestern Medical Center
Research Interests:	Understanding and conceptualizing psychosocial determinants of health (e.g., homelessness, justice involvement) on Veterans' mental health, role of prior interpersonal trauma on functioning, tailoring evidence-based treatments to these patient populations
Clinical Interests:	Impact of psychosocial stressors and trauma on functioning, evidence-based treatment, military sexual trauma treatment, PTSD
Email:	Ryan.Holliday@va.gov

Elizabeth Holman, PsyD	
Position:	Palliative Care Psychologist
Year of Hire:	2009

Appendix A: Training Faculty Bio's

Degree Program:	University of Denver Graduate School of Professional Psychology
Clinical Interests:	Palliative care, oncology, survivorship, aging, animal-assisted therapy Research Interests: animal-assisted therapy
Email:	Elizabeth.Holman@va.gov

Jason Kacmarski, PhD	
Position:	Neuropsychologist
Year of Hire:	2016
Degree Program:	University of Northern Colorado
Research Interests:	Neuropsychology, Polytrauma, Suicidality
Clinical Interests:	Neuropsychological Assessment, Traumatic Brain Injury
Email:	Jason.Kacmarski@va.gov

Gretchen Kelmer, PhD	
Position:	Staff Psychologist, Substance Use Disorder Clinic
Year of Hire:	2015
Degree Program:	University of Denver, Department of Psychology
Research Interests:	relationship development processes, relationship education interventions, social media and relationship development
Clinical Interests:	Motivational Interviewing, Couples Therapy, Cognitive Processing Therapy
Email:	Gretchen.Kelmer@va.gov

Stephanie Kleiner-Morrissey, PsyD	
Position:	Clinical Psychologist
Year of Hire:	2000
Degree Program:	California School of Professional Psychology - LA
Research Interests:	PTSD, EMDR
Clinical Interests:	PTSD, Interpersonal Process/Groups
Email:	Steph.Kleiner-Morrissey@VA.gov

Laura Leach, PhD	
Position:	Clinical Psychologist, Inpatient Rehabilitation Psychology
Year of Hire:	2018
Degree Program:	Alliant International University
Clinical Interests:	Rehabilitation psychology; forensic evaluations
Email:	Laura.Leach@va.gov

Alex Lengerich, PhD	
Position:	Clinical Psychologist, Substance Use Disorders Clinic
Year of Hire:	2020
Degree Program:	University of Kentucky
Clinical Interests:	Susbtance Use Disorders, ACT, PE, Health Psychology, Integrated Care

Appendix A: Training Faculty Bio's

Email:	Alexander.Lengerich@va.gov
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Bridget Matarazzo, PsyD	
Position:	Director of Clinical Services, Rocky Mountain MIRECC
Year of Hire:	2010
Degree Program:	University of Denver Graduate School of Professional Psychology
Research Interests:	Interventions aimed at engaging high risk Veterans in care; Implementation of national suicide prevention programs
Clinical Interests:	Suicide risk assessment and management; PTSD treatment
Email:	Bridget.Matarazzo@va.gov

Dianne McReynolds, PhD	
Position:	Psychologist in Outpatient Mental Health Clinic
Year of Hire:	2015
Degree Program:	University of Denver
Clinical Interests:	Thought Disordered population; SMI; Ethical Practice
Email:	Dianne.McReynolds@va.gov

Lindsey L. Monteith, PhD	
Position:	Clinical Research Psychologist
Year of Hire:	2012
Degree Program:	University of Houston, Clinical Psychology
Research Interests:	Suicide risk and prevention in female Veterans and Veterans who have experienced interpersonal violence (e.g., military sexual trauma); gender differences; interpersonal and institutional risk factors for suicide following trauma; firearm-related suicide prevention efforts; qualitative methods.
Clinical Interests:	Suicide prevention; trauma-informed care; military sexual trauma.
Email:	Lindsey.Monteith@va.gov

Mandy Rabenhorst Bell, PhD	
Position:	Program Manager, ASCEND PTSD Residential Rehabilitation Treatment Program
Year of Hire:	2013
Degree Program:	Northern Illinois University
Research Interests:	PTSD treatment outcomes
Clinical Interests:	PTSD, CPT, moral injury, shame
Email:	Mandy.Rabenhorst-bell@va.gov

Eleni Romano, PhD	
Position:	Clinical Psychologist, Health Behavior Coordinator
Year of Hire:	2014
Degree Program:	Seattle Pacific University

Appendix A: Training Faculty Bio's

Research Interests:	Tobacco cessation, psychological evaluations for implantable pain therapies, Whole Health, pain psychology, Motivational Interviewing.
Clinical Interests:	Efficacy and outcomes of novel, chronic pain management.
Email:	Eleni.Romano2@va.gov

Teri Simoneau, PhD	
Position:	Primary Care Mental Health Integration Psychologist
Year of Hire:	2015
Degree Program:	University of Colorado at Boulder
Research Interests:	Caregiver quality of life
Clinical Interests:	Primary care mental health integration
Email:	Teresa.Simoneau@va.gov

Kimberly Smith, PsyD	
Position:	HBPC Psychologist
Year of Hire:	2008
Degree Program:	Wright State University
Clinical Interests:	Diversity, Geropsychology, Coping with medical illness, Grief/End of life
Email:	Kimberly.Smith21@va.gov

Mark Stalnaker, PhD	
Position:	BHIP Psychologist
Year of Hire:	2015 (previously at San Francisco VA 2009-2015)
Degree Program:	PhD, Harvard University: University of Massachusetts—Amherst, Certificate of Clinical Respecialization
Research Interests:	Social Cognition, PTSD, Suicide Prevention
Clinical Interests:	PTSD, Depression, Anxiety Disorders, Cognitive Behavioral Therapy, Dialectical Behavior Therapy
Email:	mark.stalnaker@va.gov

Joleen C. Sussman PhD, ABPP Geropsychology	
Position:	Dementia Care team, GeriPACT, and Geriatric Telehealth
Year of Hire:	2015
Degree Program:	University of Iowa
Faculty Appointments:	Department of Geriatrics, University of Colorado Medical School
Research Interests:	Firearms and Dementia, Audiology and Dementia Diagnosis, Aging
Clinical Interests:	Geriatrics, Neurocognitive Disorders, Decision Making Capacity, Interdisciplinary Care
Email:	Joleen.Sussman2@va.gov

Seth Wintroub, PsyD	
Position:	Clinical Psychologist, PC-MHI
Year of Hire:	2009

Appendix A: Training Faculty Bio's

Degree Program:	Pepperdine University
Clinical Interests:	Short-term therapy, depression, solution-focused therapy, panic disorder.
Email:	Seth.Wintroub@va.gov

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 8/1/2022

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:
<p>The VA Eastern Colorado Health Care System, Rocky Mountain Regional VA Medical Center Psychology Doctoral internship is fully accredited by the Commission on Accreditation. Psychology interns must be enrolled in an APA, CPA, or PCAS accredited clinical, counseling , or combined psychology program. Applicants must also be U.S. Citizens, and male applicants must be registered with Selective Service. As an equal opportunity training program, VA Eastern Colorado Health Care System welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status. We value applicants who have a wide range of backgrounds and experiences. Successful General Track applicants typically have the following:</p> <ul style="list-style-type: none">• Direct experience delivering 1 or more manualized evidence-based psychotherapies• Direct clinical experience with multiple, distinct client populations and experiences in multiple clinical settings, some of which may include university counseling centers, community mental health centers, medical centers, primary care or other medical clinics, Veterans Affairs, etc.

Appendix B: Internship Admissions, Support, and Initial Placement Data

- Direct experience administering, scoring and interpreting common intellectual (e.g., WAIS), personality (e.g., MMPI, PAI) and symptom-level instruments and combining these results into integrated reports
- An authorship role in at least one publication in a peer-reviewed scientific journal

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours (General & PCMHI)	Yes	Amount: 350
Total Direct Contact Assessment Hours (General & PCMHI)	Yes	Amount: 75
Total Direct Contact Intervention Hours (GERO)	Yes	Amount: 250
Total Direct Contact Assessment Hours (GERO)	Yes	Amount: 100

Describe any other required minimum criteria used to screen applicants:

Eligibility Requirements

- 11. Doctoral student in good standing** at a graduate program in Clinical, Counseling, or Combined psychology that is **fully-accredited** by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
- 12. Approval to Attend Internship by Graduate Program Training Director:** Attestation by the graduate program Director of Clinical Training that the student is approved and ready to attend internship; this is required as part of the APPIC application.
- 13. Completion of Comprehensive/Qualifying Exams AND Approval of Dissertation/Doctoral Research Project:** Applicants must verify in the APPIC application successful completion of the comprehensive/qualifying exams **AND** successful approval of their dissertation/doctoral research project by the application deadline.
- 14. Minimum Clinical Hours & Experience:** Applicants must have accrued the following minimum numbers of hours and experiences to be eligible for the respective tracks below. Note that these are minimum requirements only. Please see the APPLICATION REQUIREMENTS AND CHECKLIST section of this brochure for further details about general characteristics of applicants who are a good fit with our internship program.

	Minimum Intervention Hours	Minimum Assessment Hours
General	350	75
PCMHI	350	75
GERO	250	100

15. **U.S. Citizenship:** All appointees must be a citizen of the United States. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
16. **U.S. Social Security Number:** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment and on-boarding process at the VA.
17. **Selective Service Registration:** By federal law, male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
18. **Fingerprint Screening and Background Investigation:** All Interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
19. **Drug Testing:** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (including psychology interns) are not drug-tested prior to appointment; however, these trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. VA conducts drug screening exams on randomly selected personnel as well as new employees. Drug screening is for substances that are illegal under federal statute, regardless of state law (e.g., cannabis). Please review the VA Drug-Free Workplace Program Guide for Health Professions Trainees for further information (https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf)
20. Doctoral level psychology interns, as VA Health Professions Trainees (HPTs), are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The above information and additional details regarding eligibility for VA training are available at:

[Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

Appendix B: Internship Admissions, Support, and Initial Placement Data

Annual Stipend/Salary for Full-time Interns	\$28,833.00	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes X	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes X	No
Coverage of family member(s) available?	Yes X	No
Coverage of legally married partner available?	Yes X	No
Coverage of domestic partner available?	Yes X	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours	
Hours of Annual Paid Sick Leave	104 hours	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes X	No
Other Benefits (please describe): Interns are eligible to enroll in a Federal Employee Health Benefits (FEHB) plan. They receive the same government contribution as full-time permanent employees. Interns not eligible for the Federal Dental and Vision Program (FEDVIP).		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Appendix B: Internship Admissions, Support, and Initial Placement Data

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	Data for Cohorts Graduating 2018-2021	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	Post-Doc	Employed
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	14	0
Military health center	0	0
Academic health center	2	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	2	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.